

Wells County Area Plan Commission

223 W. Washington St. Bluffton, IN 46714

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Requirements for Filing a Combine

Filing and Meeting dates are available at the Area Plan Commission Office and the Wells County Area Plan Commission Web Site (<http://www.wellscounty.org/apc.htm>)

Copies of the Wells County Zoning Ordinance and Wells County Subdivision Control Ordinance are available for purchase at the Wells County Area Plan Commission Office or may be viewed and printed online at the Wells County Area Plan Commission Web Site (<http://www.wellscounty.org/apc.htm>)

1) FEES

- a. Filing Fee \$60.00 (payable to the Wells County Area Plan Commission)

2) Filing

- a. Filled Out and Signed Petition and Findings of Fact and Ruling Document
- b. Copy of Current Deed
- c. Primary Parcel Deed (recorded as of January 1, 1971)
- d. Status of any applicable permits from other regulatory agencies.
- e. Copy of any proposed covenants or deed restrictions.
- f. Copy of the Notice of Agricultural Activity Form (if property is zoned A-1 or A-R)
- g. If petition is not signed by legal owner(s) then applicable Power of Attorney, Trust documents, and/or death certificate(s) are required.

3) RECORDING:

- a. Deed must be stamped by the Wells County Area Plan Commission prior to recording
(This document must be recorded to finalize the petition. Failure to record this document will result in a violation of the Wells County Subdivision Control Ordinance or expiration of the approval after two (2) years.)

* All Fees Are Not Refundable

* As A Petitioner You Are Responsible For Reviewing The Wells County Zoning Ordinance And Subdivision Control Ordinance Requirements For Your Petition. The Area Plan Commission Office Staff Will Be Available To Answer Any Questions You May Have.

* A COMPLETE FILING DOES NOT GUARANTEE APPROVAL. (THE FILING MUST MEET THE APPLICABLE REQUIREMENTS OF THE WELLS COUNTY ZONING AND SUBDIVISION CONTROL ORDINANCE TO BE APPROVED.)

Wells County Plat Committee
Combine
Filing Form and Findings of Fact and Ruling Document

Filing Form

Owner's Name: _____
(Owner's Name as shown on the current deed of record)

Owner's Address: _____ City: _____ State: _____ Zip: _____

Owner's Phone #: _____ E-Mail: _____

Buyer's Name: _____

Buyer's Address: _____ City: _____ State: _____ Zip: _____

Buyer's Phone #: _____ E-Mail: _____

Findings of Fact and Ruling Document

PETITION FOR A COMBINE APPROVAL: _____
(To Be Filled Out By the Area Plan Commission Office)

OWNER OF REAL ESTATE: _____
(Owner's Name as shown on the current deed of record)

LOCATED AT: _____
(Address or Adjoining Street Names "Ex: 100 N between 300 E and 400 E")

DESCRIPTION: _____
(Brief Legal Description of Combine Parcels "Ex: 40 A in the NE ¼ of S12T25NR12E")

CURRENT ZONING CLASSIFICATION: _____
(Use www.wellscountygis.org or contact the Plan Commission Office for Information)

PROPOSED COMBINE "Petition": _____
(Brief Description of the Petition)

PRINT DATE: _____
(Date the document was filled out)

4-04 This petition meets the definitions of a Combine. _____
(Yes or No)

4-07 (1) This petition involves two or more parcels that are contiguous to each other. _____
(Yes or No)

4-07 (2) This petition's deed of transfer will contain the required recital. _____
(Yes or No)

4-07 (3) This petition shall return any Minor Subdivision rights to the Primary Parcel if the Combine involves a Primary Parcel as prescribed in the Wells County Subdivision Control Ordinance. _____
(Yes or No)

4-07 (4) This petition shall not add Minor Subdivision rights together. _____
(Yes or No)

Waiver or Modification of Requirements:

(If you answer "No" to any statement listed above that does not have a corresponding note along with it you will need to file a request for modification of the Subdivision Control Requirements)

Requirement Number(s): _____
(Section Number from the Ordinance)

3-10 (2) (A): _____

Reason for the request of the Waiver or Modification of the Requirements of the Wells County Subdivision Control Ordinance

3-10 (2) (B) – (E): The modification will not adversely affect the reasonable development of adjacent properties. The modification will not be detrimental to the public health, safety, and general welfare of the community. The modification does not materially affect the spirit and purpose of this Subdivision Control Ordinance. The Modification does not lower the Subdivision Control Ordinance requirements below those prescribed by the Zoning Ordinance. Any such modifications would need Variance approval from the Board of Zoning Appeals.

(Yes or No)

To Be Filled Out By the Petitioner or Petitioner's Agent

To Be Filled Out By the Petitioner

Signature _____ Date _____ Signature _____ Date _____

Signature _____ Date _____ Signature _____ Date _____

(This petition must be signed by 50% of the owners/sellers. If the power of attorney or the trustee is filing this petition then the proper paperwork shall be submitted proving their title to the Area Plan Commission)

To Be Filled Out By the Petitioner

To Be Filled Out By the Area Plan Commission Office

Comes now the Wells County Plat Committee and in support of granting _____
Petition for a Combine makes the above Findings of Fact, to wit:

_____ filed a Petition for a Combine as to the following described real estate located in _____ Township, Wells County, Indiana; more particularly described on Exhibit A attached hereto.

On _____, the Wells County Plat Committee conducted a hearing on the Petition in accordance with the Rules of Procedure of the Wells County Plat Committee.

Board of Zoning Appeals Variances: _____

Plat Committee Modifications: _____

Conditions or Commitments: _____

Wherefore, based upon the above findings of fact and upon the Motion of _____, duly seconded by _____, the Petition for a Combine by _____ is hereby granted by a vote of _____ in favor and _____ opposed.

Plat Committee President

Plat Committee Secretary

NOTICE OF AGRICULTURAL ACTIVITY

TO: ALL PETITIONERS IN AGRICULTURAL ZONED AREAS OF WELLS COUNTY, INDIANA

This notice is given to you because of your petition to move into an area of **Wells** County that is zoned for Agriculture.

The purpose of this notice is to assure you are aware that all agricultural operations are allowed in this area.

Agricultural activity may include, but is not limited to, grazing of livestock, confined feeding of livestock, application of animal manure to land, application of herbicides and pesticides to fields and growing crops, creation of dust from field operations and noise from livestock and machinery operations which includes the drying and transportation of grain, sometimes with machinery that has a "Slow Moving Vehicle" emblem on it, meaning it is traveling at 25 mph or less.

People who choose to live in these areas must understand that agricultural operations may be occurring nearby.

You must also understand that Indiana has a "RIGHT TO FARM" law that protects farm operations from unwarranted nuisance suits by neighbors who move next to an existing farm operation. Farm operations do not constitute a nuisance so long as they are not negligently maintained, do not endanger human health and do not cause bodily injury to third parties.

By signing this notice form you verify that you have received it, read it and understand it. You are not giving up the right to seek redress for negligence by individuals associated with a farm operation or by other residents of the area.

_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

(This document must be signed by the 50% of the owner/seller and buyer when applicable)